Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1068877-7

| CLAIMS AS FILED - PART I   |   |   |              |                               |              |                  |     | ONALL ENTITY OTHER THAN |   |  |                            |                        |  |
|--|---|---|--------------|-------------------------------|--------------|------------------|-----|-------------------------|---|--|----------------------------|------------------------|--|
|  |   | CLAHVIS AS                                | (Column      |                               | (Column 2)   |                  |     | SMALL ENTITY TYPE       |   | OR   | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |   |   | 3            |                               |              |                  |     | RATE                    | FEE                                     |  | RATE                       | FEE                    |  |
| FOR  |   |   | NUMBER FILED |                               | NUMBER EXTRA |                  | E   | BASIC FEE               | 385.00                                  | OR   | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 3 min        | us 20=                        | *            |                  |     | X\$ 9=                  |   | OR   | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS   |   |   | 3 mir        | nus 3 =                       | *            |                  |     | X43=                    |   | OR   | X86=                       |                        |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PR                             | RESENT       |                               |              |                  |     | +145=                   |   | OR   | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter   |   |   |              |                               | "0" in c     | column 2         | L   | TOTAL                   |   | OR   | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |              |                               |              |                  |     | CRAALI E                | OTHER THAN SMALL ENTITY OR SMALL ENTITY |  |                            |                        |  |
| (Column 1)   |   |   | (Colun       |                               |              |                  |     | SIVIALL                 |   |  | JINALL                     |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE                    | ADDI-<br>TIONAL<br>FEE                  |  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                            |              | =                |     | X\$ 9=                  |   | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus        | ***                           |              |                  |     | X43=                    |   | OR   | X86=                       |                        |  |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP  | PENDENT                       | CLAIM        |                  |     | +145=                   |   | OR   | +290=                      |                        |  |
|  |   |   |              |                               |              |                  |     | TOTAL                   |   | OR   | TOTAL                      |                        |  |
| ADDIT. FEE   |   |   |              |                               |              |                  |     |                         |   |  | ADDIT. FEE                 |                        |  |
| _  |   | (Column 1)                                | 1            | (Colur                        |              | (Column 3)       | ) F | <u>-</u>                | ADDI                                    | ]- ·   |                            | ADDI-                  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA |     | RATE                    | ADDI-<br>TIONAL<br>FEE                  |  | RATE                       | TIONAL<br>FEE          |  |
|  | Total   | *   | Minus        | **                            |              | =                |     | X\$ 9=                  |   | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus        | ***                           |              | =                |     | X43=                    |   | OR   | X86=                       |                        |  |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEF  | PENDENT                       | CLAIM        |                  |     | +145=                   |   | OR   | +290=                      |                        |  |
|  |   |   |              |                               |              |                  | L   | TOTAL                   |   | OR   | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                               |              |                  |     | DDIT. FEE (             |   | <u>,                                    </u> | ADDII. FEE                 |                        |  |
|  |   | (Column 1) CLAIMS                         | T            | (Colui                        |              | (Column 3)       | ) F |                         |   | ì  |                            | T A D D I              |  |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI                  | BER          | PRESENT<br>EXTRA |     | RATE                    | ADDI-<br>TIONAL<br>FEE                  |  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                            |              | =                |     | X\$ 9=                  |   | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus        | ***                           |              | =                |     | X43=                    |   | OR   | X86=                       |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |              |                  |     | +145=                   |   |  | .000                       |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |                               |              |                  |     |                         |   | OR   | +290=                      | <u> </u>               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |              |                               |              |                  |     |                         |   |  |                            |                        |  |